

# Creating The Healthiest Nation: Health and Housing Equity



AMERICAN PUBLIC HEALTH ASSOCIATION  
*For science. For action. For health.*

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The relationship between housing and health is more than just the four walls that shelter an individual or family each night. More broadly, the link between health and housing is a result of influences from both the individual home unit and a variety of structural and societal factors within a neighborhood. These elements have the potential to provide safety, recreation, access to transportation, healthy food and jobs to enable Americans safe and prosperous lives.

However, the current state of housing in this country falls short of meeting the basic needs of many, and ultimately, negatively impacts their health and well-being. Specifically, racial and ethnic minorities, in comparison to Whites, in the U.S. face a host of health disparities, including higher rates of chronic disease and premature death that can be linked to housing (or lack thereof).

For example, asthma mortality rates in African American<sup>i</sup> children are nearly eight times higher than in non-Hispanic White children.<sup>1</sup> When observing trends among the negative health consequences linked to housing, it is evident that health equity — and not just health — is a key consideration.



## FAIR HOUSING ACT OF 1968

**The Fair Housing Act of 1968**, or **Civil Rights Act of 1968**, as signed, was an extension of the Civil Rights Act of 1964. This legislation intended to protect housing buyers and renters from discrimination based on race, religion, sex and, as later amended, gender, disability and family status. Currently, sexual orientation is not a protected status under federal law, but many states and local jurisdictions have laws against housing discrimination based on sexual orientation. The act is enforced by the Department of Housing and Urban Development and the Office of Fair Housing and Equal Opportunity conducts investigations into complaints related to housing discrimination. Overall, the purpose of this act was to ensure that only an individual's financial resources would determine whether a seller or financial institution would commit to a sale or rental agreement. However, over time, the Fair Housing Act has proved to be unable to uphold its intended purposes, as studies have shown that the country is still as segregated as it was over 50 years ago.<sup>63</sup>

We will examine how structural racism across many sectors led to neighborhood segregation in America; establish the connection between housing, health outcomes and health equity; describe the insufficient housing options for low-income communities; and provide steps that the public health community can take to promote healthy and equitable housing.

## STRUCTURAL RACISM LED TO HOUSING INEQUITY

In the mid-twentieth century, the U.S. government took explicit action to enforce residential racial segregation through its policies and practices. For decades, these policies have limited housing options and economic opportunities for communities of color and, thereby, put them at higher risk for negative health outcomes. These policies and practices include: redlining, exclusionary zoning, racist restrictive covenants, gentrification and discriminatory lending practices.

### *Redlining*

Redlining was a systematic practice of denying or limiting private, public and government services to certain neighborhoods based on racial and ethnic composition, with neighborhoods of color being within the “red lines”.<sup>2</sup> This practice, deemed illegal by the Fair Housing Act of 1968, has had lingering ramifications, as historically redlined neighborhoods are significantly still more likely to house low-income, people of color today.<sup>3</sup> Redlined communities are also less likely to have access to job opportunities and basic services such as banking, healthcare and transportation.<sup>2</sup>

### *Exclusionary zoning*

Exclusionary zoning is the practice of applying local zoning ordinances, such as minimum lot sizes, to prevent affordable, multi-unit housing from being developed.<sup>2</sup> As a result, these policies keep poor residents

i. Throughout the report, race ethnicity terms are standardized for consistency and ease of use. However, there are instances in which terms may appear inconsistent in an effort to stay true to the data source. For example, “White” may be referenced as “non-Hispanic White.” In addition, while Latinx is used throughout the report, at the time of this writing, Hispanic is most widely used in research and data collection. Specific ethnic groups (e.g. Puerto Rican) are referenced by the source.



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**Exclusionary zoning techniques include minimum lot size and minimum square footage requirements, as well as costly building codes. All of these methods drive up housing costs and keep low-income families from accessing certain neighborhoods. Unlike redlining, exclusionary zoning is legal.<sup>2</sup>**



out of specific neighborhoods. For example, a single residence per lot requirement forbids developers from constructing apartments or multi-family dwellings on one lot. This means that any new construction built must be purchased by one family, which can be cost prohibitive to low-income families.

In theory, there are logical reasons to manage density through zoning, such as ensuring adequate access to community services and utilities and to plan for future community needs, such as sewer system upgrades or new schools. However, in reality, these tools can be used by higher-income communities to keep lower-income communities, which often live in shared housing, out of their region.

Other examples of exclusionary zoning techniques include minimum lot size and minimum square footage requirements, as well as costly building codes. All of these methods drive up housing costs and keep low-income families from accessing certain neighborhoods. Unlike redlining, exclusionary zoning is legal and continues to operate as an insidious act of racial discrimination.<sup>2</sup>

### **Racist restrictive covenants**

Another zoning requirement that is illegal, but still a hurdle for communities of color, is racist restrictive covenants. Restrictive covenants are found in property deeds for existing housing or undeveloped lots and are binding legal obligations that the seller must adhere to when selling the property. Racist restrictive covenants were intentional details written in property deeds to prevent certain races from purchasing property in particular areas.

In 1948, the Supreme Court outlawed racist restrictive covenants in *Shelley v. Kraemer*, which was later reinforced by the Fair Housing Act.<sup>2</sup> While no longer legal, many racist restrictive covenants exist today in property deeds and may deter previously “restricted” buyers from certain neighborhoods or properties.

### **Gentrification**

Gentrification is a sociocultural phenomenon in which neighborhoods that have been historically underinvested in become renovated, leading to a rise in property values and taxes that results in displacement of lower-income residents, who can no longer afford to live there.<sup>4</sup>

Because of historical practices such as exclusionary zoning, redlining and discriminatory lending, lower-income communities are primarily comprised of people of color, who are negatively impacted by gentrification and ultimately forced to move out of their neighborhoods. This can lead to housing stability issues for those who are displaced, such as homelessness and overcrowding, as well as mental and physical stress.

### **Discriminatory lending practices**

Mortgage lending data continuously demonstrates discrimination toward African Americans and other communities of color, in the form of high rates of loan denial, higher than average interest rates on mortgages and low numbers of conventional mortgages, when compared with non-Hispanic Whites.<sup>5</sup>

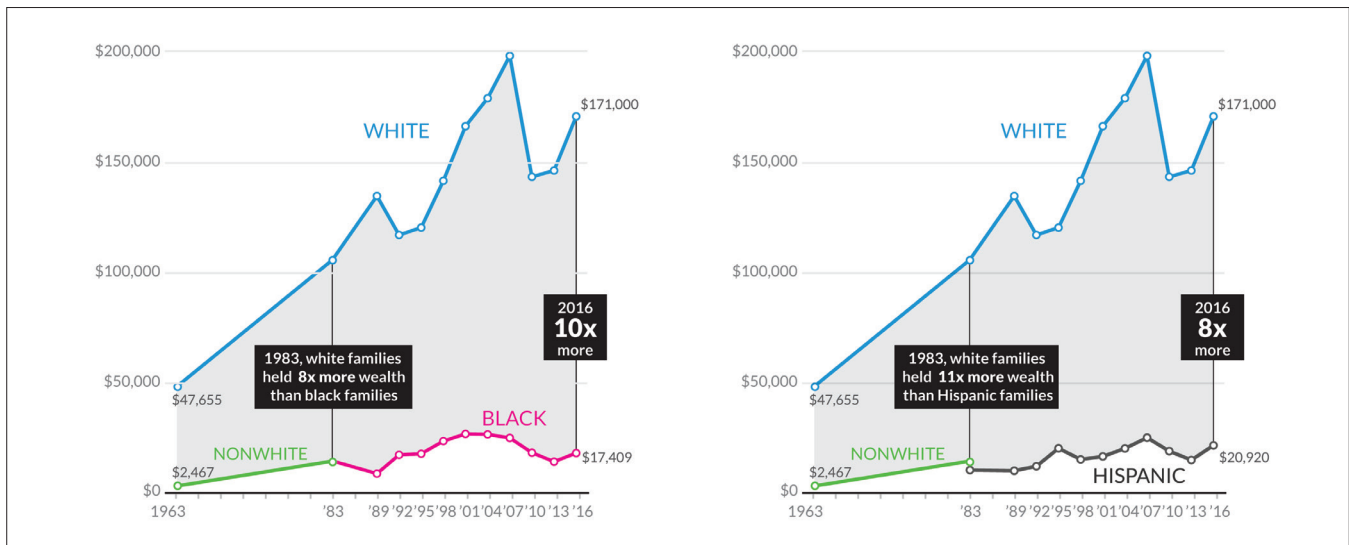
A report from the Center for Responsible Lending found that, in 2016, African American and Latinx borrowers received a combined 9% of conventional mortgage loans compared to White borrowers, who received over 70% of the conventional loans.<sup>5</sup> Moreover, the report also confirmed the continued trend of higher rates of denied mortgage applications for African Americans and Latinx applicants compared to Whites.<sup>5</sup>

Whether due to overt racism or narrow tools, such as credit scores that do not adequately reflect the paying ability of low-income and communities of color, discriminatory lending practices continue to reinforce the historical intentions of redlining.

## THE WEALTH GAP AND HOUSING

A primary consequence of discrimination in housing is a lack of wealth. A review of by the Urban Institute concluded that the median family wealth of White households in America far exceeds that of other racial and ethnic groups and is especially apparent when compared to African American (Black per Figure 1) and Latinx (Hispanic per Figure 1) communities.<sup>6</sup>

**FIGURE 1. MEDIAN FAMILY WEALTH BY RACE/ETHNICITY, 1963–2016**

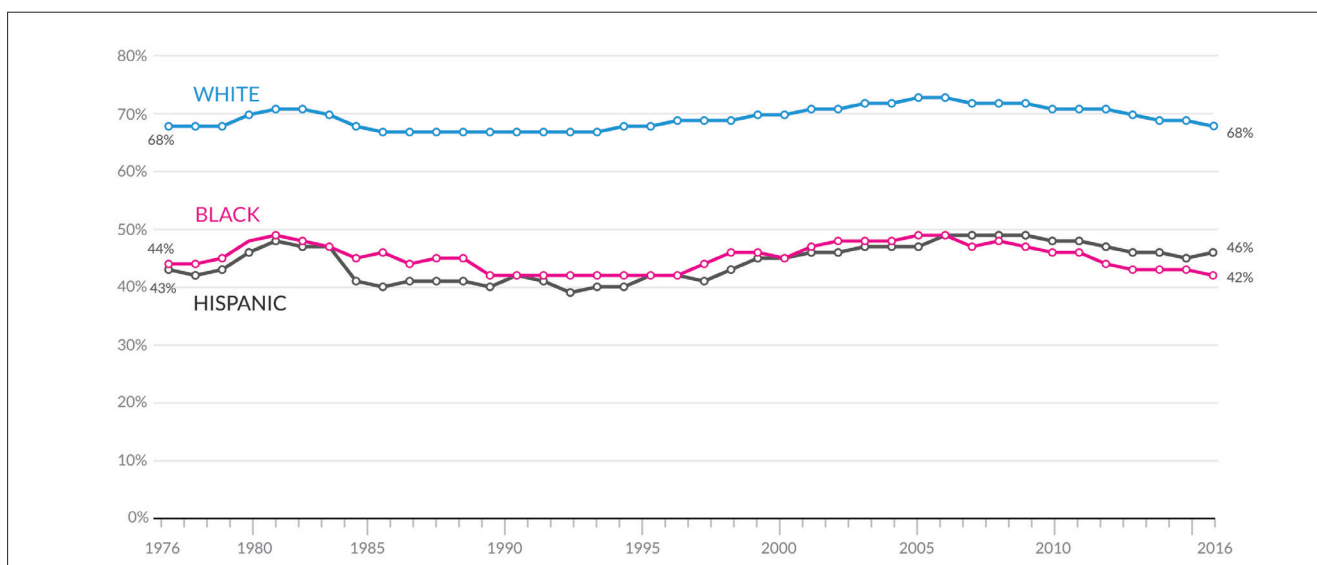


Source: Urban Institute calculations from Survey of Financial Characteristics of Consumers 1962 (December 31), Survey of Changes in Family Finances 1963, and Survey of Consumer Finances 1983–2016. Notes: 2016 dollars. No comparable data are available between 1963 and 1983. Black/Hispanic distinction within nonwhite population available only in 1983 and later.

More specifically, in 2016, the median wealth for African Americans (reported as Black) and Latinx (reported as Hispanic) families was  $-\$17,600$  and  $-\$20,700$ , respectively, when compared with the median wealth for White families of  $\$171,000$ .<sup>6,7</sup>

In addition, analysis from the Urban Institute revealed that homeownership is a key contributor to the disparity in wealth accumulation by race. Figure 2 demonstrates that over time, little change has occurred in the gap between the rate of homeownership of Whites versus African families (reported as Black) and Latinx (reported as Hispanic).

**FIGURE 2. HOMEOWNERSHIP RATE BY RACE/ETHNICITY, 1976–2016**



Source: Urban Institute calculations from Current Population Survey 1976–2017. 1976–2014 values from Census Historical Household Surveys, Table HH-5. 2015–16 values from Census Annual Statistics 2016, Table 22. Notes: White homeownership rate includes Hispanic whites. The 2016 homeownership rate for non-Hispanic whites is 72 percent.

Discriminatory housing practices are just one of several factors that have exacerbated racial wealth disparities over time, but as homeownership is a key factor in establishing wealth, housing represents a pivotal tool to disrupt the cycle of generational wealth inequities.

## RACIAL INEQUALITY IN HOUSING

Today's picture of housing in the U.S. reflects these intentional acts to separate communities, resources, wealth and power. Despite the passing of the Fair Housing Act, racist policies have endured and continue to entrench communities of color in unjust, unhealthy housing situations. For example, people of color are more likely to be extremely low-income renters than their White counterparts.<sup>8</sup>

In fact, 20% of African American households, 17% of American Indian or Alaska Native households, 15% of Hispanic households and 10% of Asian households are extremely low-income renters.<sup>8</sup> Overall, unjust, historical policies and their present manifestations trap ethnic and racial minorities in a cycle of limited economic mobility and poor health.

## AFFORDABLE HOUSING OPTIONS FALL SHORT

As a result of racist policies that led to generational wealth gaps, many communities of color also experience high rates of poverty and low incomes. The federal government's Department of Housing and Urban Development (HUD) provides options for renters who experience difficulty paying for quality housing. These include:

- **Privately Owned Subsidized Housing.** Apartment owners are offered a tax credit if they reserve some of their rentals for low-income tenants at reduced rates.<sup>9</sup>
- **Public Housing.** HUD provides the financial backing for housing agencies across the country to provide affordable apartments and single-family homes to low-income families, older adults and individuals with disabilities.<sup>10</sup>
- **Housing Choice Voucher Program.** Commonly referred to as Section 8, this program enables low-income families and individuals to find and afford homes in the private housing market, as opposed to subsidized public housing, via a voucher provided by HUD to pay for all or part of the rent expenses.<sup>10</sup>

These housing assistance options have the ability to improve housing stability for families, thereby protecting them from the negative health consequences associated with late rent payments, forced moves and homelessness.<sup>11</sup> However, the reality is that these options fall short.

Unlike other federal support programs, like Medicare and Supplemental Nutrition Assistance Program (SNAP), housing assistance falls within the government's nondefense discretionary section of the budget. This means that housing assistance is not required to meet the full needs of the American population.<sup>12</sup>

Thus, only one in five eligible households actually receive housing assistance from the government, resulting in over 17 million families not receiving assistance.<sup>12</sup> Even when housing assistance was offered, American families in 2018 spent an average of 26 months on waiting lists before receiving assistance, which was a 44% increase from 2009 figures.<sup>13</sup>

In addition, the rising cost of housing not only impacts low-income individuals, but also middle-income individuals. As a result, the housing intended for low-income renters and buyers is taken by those with slightly higher income, further exacerbating the housing affordability crisis for those who are most impoverished. The lack of affordable, quality, and stable housing for many families in the U.S. has major health implications and plays a significant role in limiting health equity.

## IMPLICATIONS FOR HEALTH AND HEALTH DISPARITIES

As a result of decades of underinvestment, low-income groups and communities of color experience greater risk for mental and physical health issues as a result of their housing and neighborhood conditions. Over time, these structures have led to compounding health consequences, creating poorer health outcomes among communities across the country.

This is problematic because it increases health disparities between those who have access to quality housing in supportive neighborhoods and those who do not. Below, the key elements that contribute to the linkage between housing and health impacts are described, and later, the key populations that are disproportionately affected by these factors are highlighted.

## How Housing can Negatively Impact Health

### Affordability

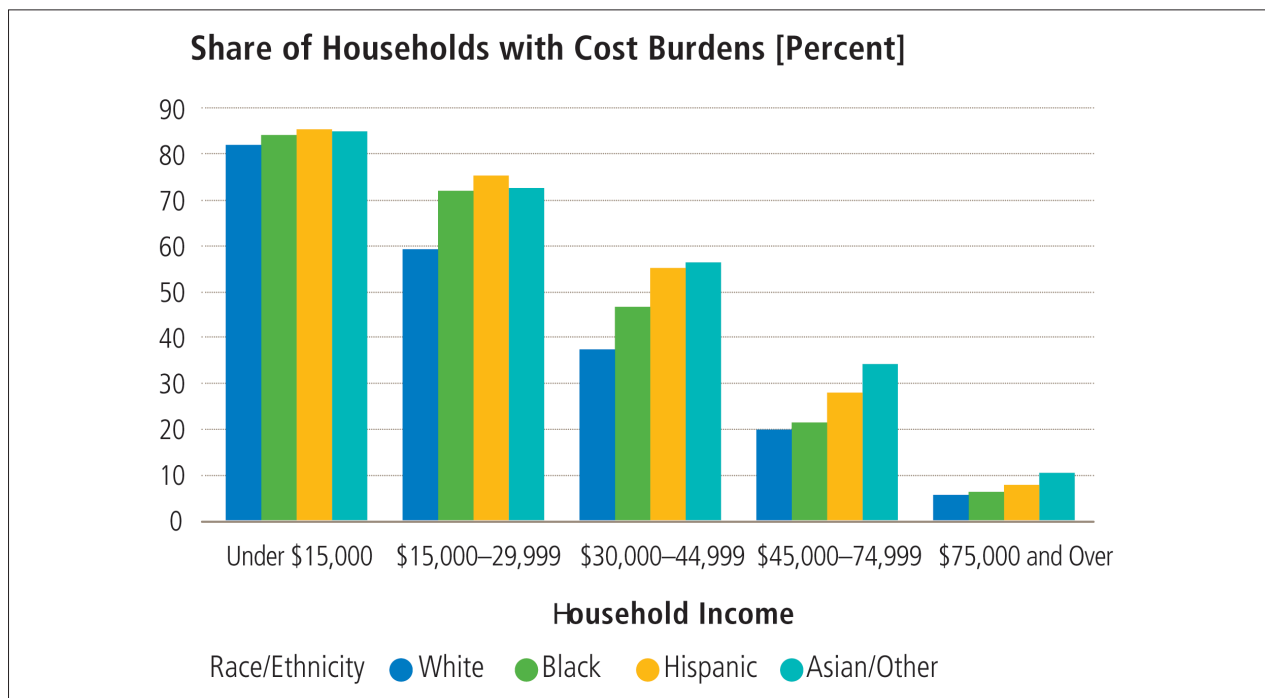
In 2018, 38.1 million U.S. households spent more than 30% — a widely accepted target — of their income on housing; approximately 25% of those households spent over half of their income on housing.<sup>14</sup>

Households that are cost-burdened<sup>ii</sup> have limited resiliency to withstand economic crises or job loss, which ultimately leads to housing instability and other major sacrifices that impact health. For example, unaffordable housing hinders a household's overall ability to pay for necessities that support good health, such as healthy food, healthcare visits, energy and home maintenance.

Perhaps unsurprisingly, racial disparities exist among those who are cost-burdened. The 2018 State of the Nation's Housing report found that, "cost-burdened shares are also much higher among Black (45%) and Hispanic households (43%) than among Asian and other minority households (36%) or White households (27%)."<sup>14</sup>

Moreover, within the same income grouping, larger shares of people of color are cost-burdened than Whites (See Figure 3). Overall, the uneven distribution of wealth created by racism and racist practices is a cause of the disparities observed in the unaffordable housing crisis.

**FIGURE 3. COST BURDENS ARE PREVALENT AMONG LOW-INCOME AND MINORITY HOUSEHOLDS**







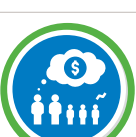



Source: State of the Nation's Housing 2018 \_Harvard<sup>14</sup>

ii. Spending over 30% of one's income on housing is commonly referred to as cost-burdened.

## Quality and Safety

Health hazards in homes typically fall into four categories: biological, chemical, physical and social factors.<sup>4</sup> Examples of each and their associated health impacts are in the table below:

Hazardous Housing Attribute		Associated Health Impact	
	<b>BIOLOGICAL</b>   allergens from mold, pets, rodents, dust mites etc.		Allergies, asthma and various respiratory ailments
	<b>CHEMICAL</b>   lead, asbestos, radon, carbon monoxide, tobacco smoke carcinogens etc.		Neurological toxicity, developmental disorders, cancer, asthma and other respiratory illnesses
	<b>PHYSICAL</b>   often due to structural deficiencies in the home, such as improper ventilation or temperature control or hazards that can cause trips or falls		Physical injury, asthma and respiratory illness, exposure to excessive heat or cold
	<b>SOCIAL</b>   overcrowding, living in poverty, fear of crime		Increased incidence of infectious diseases, mental health impacts

These hazards are much more common in neighborhoods that are primarily comprised of people of color, which have also been historically disenfranchised.

## Neighborhood

Low-income neighborhoods frequently lack the physical assets and conditions needed to support good health, resulting in significant place-based inequities with profound social, economic and health consequences. Residents of disenfranchised neighborhoods experience limited access to transportation or infrastructure to support novel modes of transport, reduced access to jobs, poorer quality schools, higher crime, greater environmental exposures and a limited opportunity to build financial assets.<sup>15-18</sup>

Racist structures and policies laid the foundation for resource deprivation in low-income neighborhoods, which continues to compound over time. As a result, neighborhood factors have been shown to influence health outcomes ranging from infectious diseases, infant health and asthma to cardiovascular disease, obesity and depression.<sup>15,19</sup>

## Stability

Housing stability is influenced by unaffordable or poor-quality housing options as well as factors related to household or community safety that motivates families to leave their homes. Thus, stability, or the lack thereof, is closely tied to the previous four elements that link housing to health impacts.

In the absence of financial or social support to withstand fluctuating life circumstances, many individuals and families experience housing instability or become homeless. HUD's 2019 homelessness assessment report indicated that for each night in 2019, approximately 568,000 people in the U.S. experienced homelessness, with 63% in shelters and 37% in unsheltered locations.<sup>20</sup>

Homelessness encompasses a range of short- and long-term circumstances. In 2018, 83% of people experiencing homelessness were not chronically homeless, and many of those who entered shelters came from stable housing situations.<sup>14</sup> Individuals and families experiencing homelessness are at increased risk for chronic mental health conditions, such as depression, anxiety and suicide.<sup>21</sup>



Further, they are more likely to experience poor physical health due to increased risk of infectious diseases; exposure to street violence; use of tobacco, alcohol and other drugs; and unsafe conditions at housing shelters.<sup>21</sup> In addition, displacement from the home results in higher healthcare utilization and hospital emergency visits. This increases the financial burden for those who are already unemployed and struggling to meet the basic needs for themselves and their families.

## **Impacted Groups**

Because of structural racism, certain groups are more likely to experience housing instability and live in neighborhoods with limited resources and poor-quality housing. This section will highlight the housing and health disparities faced by the most impacted groups.

### ***African Americans***

As the primary target of redlining and current forms of housing discrimination, African Americans are more likely to experience gentrification, discriminatory lending, foreclosure and eviction than any other ethnic group.<sup>22,23</sup> Over time, this has resulted in less access to the tax benefits and generational wealth associated with home ownership, which has negatively impacted the African American community's long-term savings and growth potential.<sup>23</sup>

Consequently, many African Americans face housing instability and homelessness, both of which are major predictors of health. A HUD report on homelessness concluded that, while African Americans represented 13% of the U.S. population in 2019, they represented 40% of the homeless population.<sup>20</sup>

Neighborhood factors, such as access to healthy food, sidewalks, parks and bike lanes, can be protective for chronic diseases, such as heart disease and obesity.<sup>24-26</sup> Unfortunately, these built environment elements are consistently limited or absent in African Americans communities, leading to disproportionate health consequences.

For example, low-income communities and communities of color have more high-speed, high traffic roads and poorer pedestrian and bicycle infrastructure.<sup>27</sup> Additionally, African Americans and low-income people are 1.7 times and 2.2 times more likely, respectively, to occupy homes with severe physical problems compared with the general population.<sup>28</sup>

As a result, African Americans are up to 30% more likely than Whites to die prematurely from heart disease, and African American men are twice as likely as Whites to die prematurely from stroke.<sup>28, 29</sup> Overall, African Americans experience a wide array of acute and chronic health consequences, both physical and mental, related to housing and neighborhood conditions.

### ***Asian Americans, Native Hawaiian and Pacific Islanders***

The Asian American, Native Hawaiian and Pacific Islander community is one of the fastest growing populations in the country, estimated to grow from 14.8 million in 2005 to almost 40 million in 2050.<sup>31</sup> This group is extremely diverse, representing over 50 ethnic groups and speaking over 100 languages.

This population is typically grouped in health data, referred to collectively as Asian American and Pacific Islanders (AAPI), which can mask the existence of health disparities. For example, in the case of diabetes, which is closely tied to neighborhood quality and resources, differences are only visible when this population's data is disaggregated. Specifically, when compared to the rate of diabetes in non-Hispanic Whites of 32%, Native Hawaiians and Pacific Islanders had higher average rates at 38% and 41%, respectively, while Asian Americans had a lower rate of 21%.<sup>32</sup>

While health disparities in this population may be most evident when disaggregated, insights can still be made when geographical data has been aggregated. For example, more than half of all AAPIs living in poverty dwell in the most expensive cities.<sup>33, 34</sup> This figure implies that immigrant communities are living in overcrowded, multi-generational homes in order to mitigate housing costs, which can exacerbate health risks. Further, AAPIs living in poverty are twice as likely to be displaced relative to the overall U.S. population of those living in poverty, especially since those who have recently emigrated may have limited proficiency with English and are more likely to face discrimination.<sup>35</sup>

## Latinx

Despite high need, the Latinx community is underrepresented in public housing programs and faces high levels of eviction, as well as discrimination, in the mortgage lending market.<sup>5, 36</sup> The housing access and stability issues faced by Latinx communities are further complicated by a host of factors, including discriminatory policies based on immigration status, limited access to preventative care and health insurance and lack of access to culturally and linguistically appropriate services.

The health consequences of these economic and social barriers lead to disparate health outcomes, such as: a rate of obesity in Hispanic groups 1.2 times that in Whites, an increased incidence of low birth rate in Puerto Rican communities that is two times that of Whites and a disproportionate rate of asthma in Puerto Ricans, broadly, compared to Whites.<sup>37, 38</sup>

## American Indian/Alaskan Native

Over 60% of American Indian/Alaska Native (AI/AN) people do not reside on reservations or other native lands, meaning many live in urban communities.<sup>39</sup> City dwelling AI/AN communities face housing discrimination similar to that of other urban, marginalized communities of color. Those who do remain on reservations or in rural tribal communities experience unique housing quality and infrastructure issues.

For example, 23% of AI/AN households had one or more physical problems in the house (i.e., plumbing issues, kitchen failures, poor ventilation, lead paint etc.) compared to only 5% for all U.S. households.<sup>40</sup> These circumstances can cause reduced indoor air quality and mold and lead exposure, leading to a host of environmental health complications.<sup>41</sup>

In addition, many tribal communities have significant overcrowding in homes due to a lack of available options, which can cause increased transmission of diseases and poor sanitation conditions.<sup>42, 43</sup> A 2017 report found that both of these factors — poor housing quality and overcrowding — are found in 34% of tribal households, compared to 7% of all U.S. households.<sup>40</sup> Addressing housing conditions in rural tribal areas is made more difficult due to remoteness, lack of infrastructure and complex legal constraints related to land ownership in those areas.

## People with disabilities

People with disabilities make up 12% of the U.S. population. However, this population dominates the proportion of those living in long-term poverty, representing more than 50%.<sup>44</sup> While the Fair Housing Act, as amended in 1988, prohibits discrimination related to mental or physical disabilities, discrimination still persists for these communities.

Individuals with unique physical needs experience high rates of poverty and housing discrimination.<sup>45</sup> A 2015 study conducted by the Urban Institute found that housing providers are less likely to make appointments to view a house or apartment with people who use wheelchairs.<sup>45</sup> Those who do receive appointments often face limited options due to low or no wheelchair accessibility. If those with disabilities are able to access a dwelling and ask about options for unit modifications to increase accessibility, the study found that housing providers failed to provide a clear answer or overtly denied over 25% of requests.<sup>45</sup>

Similarly, the deaf community faces barriers before entering a potential rental property or home, as communication with a housing provider is challenging, and once an appointment has been made, they experience discrimination in the number of units shown.<sup>45</sup> Overall, those living with physical and mental disabilities are at an increased risk for homelessness and housing instability, which has major implications for their physical and mental health, earning potential and well-being.<sup>46</sup>



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**As the proportion of older adults grows, the likelihood of co-morbidities and physical disabilities also increases. A recent investigation reported that, “by 2029, there will be 14.4 million middle-income seniors, 60% of whom will have mobility limitations.”<sup>48</sup> Thus, older adults will face housing discrimination similar to that of those with physical disabilities.**

### **Older adults**

Census projections indicate that, over the next two decades, the number of adults age 65 and older will grow from 48 to 79 million.<sup>47</sup> As the proportion of older adults grows, the likelihood of co-morbidities and physical disabilities also increases. A recent investigation reported that, “by 2029, there will be 14.4 million middle-income seniors, 60% of whom will have mobility limitations.”<sup>48</sup> Thus, older adults will face housing discrimination similar to that of those with physical disabilities.

Increases in disease burdens and co-morbidities associated with age will lead to higher healthcare utilization and greater financial burdens for elder communities. Simultaneously, older adults transitioning from the workforce to pensions or social security will experience additional budget constraints.

While there has been substantial growth in housing options for the aging and elderly, much of the new development is cost prohibitive to middle- and low-income communities. In fact, a recent study suggests that 54% of middle-income seniors are unable to afford the housing options recently created.<sup>48</sup> Increases in health care costs and financial burdens will lead older adults of all income levels to face tradeoffs between housing and health services that will, subsequently, lead to increased health consequences associated with affordability and stability.

### **Youth**

A 2018 report found that approximately 3% of adolescents ages 13–17 and 10% of young adults ages 18–25 experience some form of homelessness over the course of a year.<sup>49</sup> Homelessness is even more prevalent for LGBTQ+ youth, with some evidence suggesting that 20–40% of homeless youth identify as LGBTQ+.<sup>50</sup>

Youth exposed to homelessness experience a wide array of consequences, including physical and mental health issues, increased risk of early pregnancy, risky sexual behavior, exposure to or use of violence, substance abuse and early death.<sup>51–57</sup> Housing instability for children and youth is also a barrier to educational achievement and increases the likelihood of dropout — a strong predictor of health across the lifespan — by 87%.<sup>58</sup>

In addition to the risks associated with housing instability, a MacArthur Foundation study found that children and youth ages 2–21 who experience poor quality housing are more likely to exhibit emotional and behavioral problems, such as anxiety, depression and aggression.<sup>59</sup>

### **LGBTQ+**

In a 2017 survey, 20% of LGBTQ+ respondents reported experiencing discrimination when trying to rent or buy a house.<sup>60</sup> That figure was increased to 36%, when LGBTQ+ survey participants responded based on the extent to which Transgender people experience housing discrimination.<sup>60</sup> Overall, data demonstrating housing discrimination toward the LGBTQ+ community is limited, but is expected to be underreported.

### **Intersectionality**

It is important to note that it is common for individuals to be a part of multiple impacted groups, which can compound or exacerbate health risks. Therefore, individuals and families must be viewed holistically, including all economic, social, gender and age demographics that may contribute to health risks associated with housing.

**Before embarking on solution-oriented work, it is critical to integrate the voice of the community in shaping equitable solutions. Broad disenfranchisement and overt racism led to the current state of housing and health inequity, and only an inclusive, ethnically diverse, community-led approach will deliver just and desirable solutions.**



## **SOLUTIONS FOR IMPROVING HEALTH EQUITY THROUGH HOUSING**

Because the elements of housing that impact health are far-reaching, the solutions to advance health equity in housing must be extensive. Similarly, the groups engaged in developing and implementing solutions must also be diverse. Thus, the public health community must build relationships with partners in transportation, housing, planning, public safety, community development and others to bring the health equity perspective to the discussion.

Before embarking on solution-oriented work, it is critical to integrate the voice of the community in shaping equitable solutions. Broad disenfranchisement and overt racism led to the current state of housing and health inequity, and only an inclusive, ethnically diverse, community-led approach will deliver just and desirable solutions.

Through community-led, inclusive activities in policy and advocacy, cross-sector partnerships, community engagement and education, public health practitioners can be part of local and national teams that improve affordable housing options, reduce health and wealth inequities and prevent the creation of new discriminatory policies.

The following sections will outline how to utilize policy and advocacy, cross-sector partnerships, community engagement and education to restore health equity through housing.

### **Prevent Structural Racism**

Discriminatory policies and other structural barriers established the foundation that resulted in health inequality in housing. Thus, the prevention of new attempts to disenfranchise impacted groups is a key objective for social change makers, such as public health professionals. It's important to note that current, biased housing approaches can be more subtle than historical practices. Thus, public health professionals must remain diligent — especially in local and city government, in which housing and zoning decisions are primarily made.



#### **POLICY & ADVOCACY**

In order to support fair and just housing policies, public health practitioners can begin by **eliminating racist restrictive covenants in housing and property deeds**. Starting with this work, which has legal support behind it, can be a productive first step and help establish an amenable climate for integrating health equity in housing policy in the future.



#### **CROSS-SECTOR PARTNERSHIPS**

Utilize a [Health in All Policies \(HiAP\)](#) approach or Health Impact Assessment (HIA) to engage with broad coalitions focused on social change. HiAP and HIA are decisionmaking tools that integrate health and equity considerations for non-traditional public health audiences.<sup>61, 62</sup> By implementing this lens in community decisionmaking, public health professionals can encourage property developers, city planners, lawmakers and community members to consider and prioritize the health impacts of new housing policies and programs.



#### **COMMUNITY ENGAGEMENT AND EDUCATION**

Establish [Community Land Trusts](#), which enable low- and moderate-income communities to build equity through home ownership. Typically, one third of the Community Land Trust's board is made up of community residents, which enables impacted groups to not just participate, but also to lead the decisionmaking process for their community and its assets. Here's a [tool](#) to get started.



**The public health community must build relationships with partners in transportation, housing, planning, public safety, community development and others to bring the health equity perspective to the discussion.**

## Increase Affordability

The cost of housing, while just one element of an individual or family's monthly expenses, is an influential factor that can considerably shape a family's short- and long-term stability, health and generational wealth. Thus, efforts to enhance affordability of safe residences are paramount. The examples below demonstrate how individuals and organizations can address issues of affordability.



### POLICY & ADVOCACY

- » **Promote** protection and expansion of funding for the [Affirmatively Furthering Fair Housing Act](#) and the [National Housing Trust Fund](#) in order to meet the needs of all who need housing.
- » **Advocate** for healthcare financing for healthy homes initiatives, such as Medicaid reimbursement for healthy home services.
- » **Support** federal oversight of fairness-in-lending standards for banking and loan institutions.



### CROSS-SECTOR PARTNERSHIPS

- » **Partner** with the private and public sector to expand affordable housing options or increase housing subsidies. Check out this [guide](#) from the Urban Institute for nonprofit hospitals and health systems.
- » **Check out** examples of funding partnerships, such as that of the [Atlanta Regional Collaborative for Health Improvement \(ARCHI\)](#) and [Purpose Built Communities](#).



### COMMUNITY ENGAGEMENT AND EDUCATION

- » **Explore** the [Healthy Neighborhoods Equity Fund](#) in Boston, MA, which supports low-income populations. The group utilized HIA's to identify neighborhoods likely to undergo gentrification and then purchased property in prioritized neighborhoods to ensure low-income housing options. Because HIA's incorporate the community voice and equity concerns, this is an empowering way to gain community engagement.
- » **Organize** implicit bias or racial literacy training via tools from [RaceForward](#), [RaceWorks](#), [Mindbridge](#) and others to educate community partners and decision makers.

## Advance Quality & Safety

Like most, if not all, of the solutions to establish health equity in housing, improving the internal home environment relies on the intersection of funding, resources and education and is best executed through community-led, multi-sector engagement. Whether focusing on the adoption of standard tools or leveraging existing paramedicine/home-visit networks to aid in home inspections, the suggestions below aim to advance housing quality and safety.



### POLICY & ADVOCACY

- » **Advocate** for adoption of tools like the [National Healthy Housing Standard](#), like Dallas, TX did.
- » **Implement** proactive housing inspections, which improve equity, as some communities fear reporting issues due to immigration status or other concerns about repercussions.





#### CROSS-SECTOR PARTNERSHIPS

**Create** innovative initiatives with private service organizations, such as those that deliver food to older adults, to expand services beyond food to home health inspection or community paramedicine. This approach utilizes existing infrastructure to add additional value to the community.



#### COMMUNITY ENGAGEMENT AND EDUCATION

- » **Work** with faith-based organizations, schools and community-based organizations to provide trainings and resources for managing home concerns, such as led, mold etc.
- » **Assess** how housing quality varies from one town to another using an [online code comparison](#) tool.
- » **Measure** the value of lead remediation work using [ValueofLeadPrevention.org](#), which provides state-specific estimates of lead poisoning burdens.

### Support Neighborhoods

Transportation and zoning efforts are critical to establishing neighborhoods that support health and equity. Therefore, public health voices should partner with local and state decision makers to provide the health equity lens in these discussions.



#### POLICY & ADVOCACY

**Advocate** for infrastructure improvements, such as new bus/metro lines, bike lanes, micro-mobility solutions, green spaces and culturally appropriate food markets in disenfranchised communities. Be sure to engage with communities throughout the process.



#### CROSS-SECTOR PARTNERSHIPS/COMMUNITY ENGAGEMENT AND EDUCATION

**Take** a community-driven approach to cross-sector partnership, such as that of Bon Secours Mercy Health and Kaiser Permanente in Baltimore. Their [Future Baltimore Initiative](#) leverages their joint investment with projects driven by community voice, like their investment in new affordable housing and a new community center in the West Baltimore neighborhood.

In addition to implementing Bon Secours' traditional community works programs that invest in education, job training, community safety, urban agriculture and general wellbeing, the partnership is also conducting leadership development training for its community partners. This ensures that the voice of the community is amplified in decisionmaking.

### Ensure Stability

While many of the measures outlined above will positively affect stability, there are still specific actions you can take to increase the support systems that lead to greater stability.



#### POLICY & ADVOCACY

- » **Advocate** for better tenant protection, such as just-cause eviction laws, free legal assistance for tenants in housing court or rent control policies.
- » **Encourage** your local hospital network to join the [Healthcare Anchor Network](#) or adopt its approach.
- » **Ensure** federal disaster recovery funds are deployed equitably by engaging with your local representatives.
- » **Support** broader social and anti-poverty policies that alleviate a family or individual's financial constraints, such as the Affordable Care Act, Medicaid, Supplemental Nutrition Assistance Program (SNAP), Earned Income Tax Credit (EITC), Temporary Assistance for Needy Families (TANF) and more.



#### CROSS-SECTOR PARTNERSHIPS

**Utilize** innovative models, such as the Support and Services at Home (SASH) approach in Vermont. SASH coordinates among social service agencies, community health providers and nonprofit housing organizations to holistically support residents in Vermont, who choose to live at home, independently.



#### COMMUNITY ENGAGEMENT AND EDUCATION

**Partner** with housing groups to educate communities about resources, such as transitional housing, healthy home financing initiatives, renter protections, low-income housing tax credits etc.

## CONCLUSION

Historical and current policies, fueled by racism and discrimination, have unjustly impacted the wealth, health and safety of millions of Americans. Public health professionals offer a valuable perspective — that of equity and health impacts.

Therefore, the public health community has a moral obligation to actively engage in forming relationships with those in the housing, transportation, planning and community development sectors (among others) to equitably shape the housing solutions that can shift the current trajectory of health for impacted populations. We hope that this brief encourages you to take action in your community to advance affordable, fair and safe housing in order to maximize health equity for all.

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